

Date Received	<b>Texas Commission on Fire Protection Fire Service Standards &amp; Certification Division</b>  P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838	Date Processed
		Processed By
<b>Notification of Individual Address or Name Change</b>		

**Important: Type or clearly print all information. Must be mailed to the address at the top of the form. TCFP will not process these requests without the proper supporting documentation.**

<b>Personal Information:</b>				
FIDO Pin No.	Last Name	Suffix	First Name	Middle Name or Initial

<b>New Address Information:</b>				
Home Mailing Address		City	State	Zip Code
New Home Phone No.	Home Fax No. (if available)	Email Address		

<b>Change of First/Last Name Request: * MUST SUBMIT COURT ORDER OR MARRIAGE LICENSE.</b>			
Old First/Last Name	New First/Last Name	Date of Change	Reason for Change

Individual's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Agency Use</b>	

TCFP-013	Notification of Individual Address or Name Change
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**Purpose:** This is the form to notify the commission in writing of a change in address.

**Date Received:** Reserved for agency use.

**Date Processed:** Reserved for agency use.

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**TCFP FIDO PIN:** Provide the TCFP FIDO Pin number assigned to the applicant by the commission. **DO NOT USE OR SEND YOUR SOCIAL SECURITY NUMBER.**

**Last Name:** The applicant's last name.

**Suffix:** Examples: Jr., Sr., III, etc.

**First Name:** The applicant's first name.

**Middle Name or Initial:** The applicant's middle name or middle initial (if the applicant has one).

**New Address Information.** Supply your completely new address to include phone number, fax and email, if available. **MUST SUBMIT PROOF OF CHANGE. UTILITY BILL, DL, OR ID CARD.**

**Change of Last Name:** (If an individual's last name changes.)

**Old/Previous Last Name:** The individual's legal name prior to the legal change.

**New Last Name:** The individual's new last name. **MUST SUBMIT COURT ORDER OR MARRIAGE CERTIFICATE TO SHOW LEGAL CHANGE OF FIRST/LAST NAME.**

**Signature of Individual/Date:** The individual's legal signature with the date the individual signed the form. This is required to attest to the accuracy of the submission.